

Supplemental Application Data Sheet

Application Information

Application number::	10/777,792
Filing Date::	2/11/04
Application Type::	Regular
Subject Matter::	Utility
Sequence Submission::	Yes
Number of copies of CDs::	
Computer Readable Form (CRF)?::	No
Title::	PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE
Attorney Docket Number::	15270J-004766US
Request for Early Publication::	No
Request for Non-Publication::	No
Total Drawing Sheets::	18
Small Entity?::	No
Petition included?::	Yes No
Secrecy Order in Parent Appl::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Dale
Middle Name::	B.
Family Name::	Schenk
Name Suffix::	
City of Residence::	Burlingame
State or Province of Residence::	CA
Country of Residence::	US

Street of Mailing Address:: 1542 Los Altos Drive
City of Mailing Address:: Burlingame
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94010

Applicant Authority Type:: ~~Inventor~~
Primary Citizenship Country:: ~~France~~
Status:: ~~Full Capacity~~
Given Name:: ~~Frederique~~
Middle Name::
Family Name:: ~~Bard~~
Name Suffix::
City of Residence:: ~~Pacifica~~
State or Province of Residence:: ~~CA~~
Country of Residence:: ~~US~~
Street of Mailing Address:: ~~4111 Park Pacifica Avenue~~
City of Mailing Address:: ~~Pacifica~~
State or Province of mailing address:: ~~CA~~
Country of mailing address:: ~~US~~
Postal or Zip Code of mailing address:: ~~94044~~

Applicant Authority Type:: ~~Inventor~~
Primary Citizenship Country:: ~~US~~
Status:: ~~Full Capacity~~
Given Name:: ~~Theodore~~
Middle Name::
Family Name:: ~~Yednock~~
Name Suffix::

City of Residence:: Forest Knolls
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 184 Arroyo Road
City of Mailing Address:: Forest Knolls
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94933

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/723,544	11/28/00
09/723,544	Continuation	09/580,018	05/26/00

Assignee Information

Assignee Name:: Elan Pharma International Limited
Street of mailing address:: Monksland
City of mailing address:: Athlone
State or Province of mailing address:: County Westmeath
Country of mailing address:: Ireland